MASS CASUALTY INCIDENT PLAN

For:

STARK COUNTY OHIO

Current as of October 30, 2009

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I. Overview

This plan provides guidance for response(s) to Mass Casualty Incidents (MCIs) occurring in Stark County. It addresses the triage, treatment and transport of emergency victims, and other safety and security issues.

By applying universally accepted MCI elements, the responders from many agencies are better able to work in an effective and coordinated manner. Each agency with responsibilities in this plan was asked to participate in the planning process. Their combined efforts have produced this product.

The terms, responsibilities and appendices used in this plan are designed to correlate with the Stark County Incident Command System and other county response plans. The other plans are either in place or under revision and are designed as an "all hazards" approach to the identified emergencies or disasters which may occur in Stark County.

While this plan is designed as the primary guidance for responses to Mass Casualty Incidents, it is recognized that local conditions, issues and situations may require modifications to some parts of it. In making such modifications, every effort should be made to make sure the changes do not conflict with the ability of those following the plan to execute their capabilities and responsibilities as delineated in this plan. It is the responsibility of any agency, department, or organization which modifies the plan for their purposes to notify all others who may respond to an MCI of the deviation from the plan as soon as the change or modification is adopted.

The decision to execute this plan at a MCI will be made by the person in charge of the incident who shall be known as the Incident Commander (IC). Incidents may occur that will be both widespread and prolonged in nature presenting mass casualties. In these cases, other documents such as the Stark County Emergency Operations Plan, Emergency Support Function (ESF #8) will provide the operating framework.

II Field Activities:

The following indicates the usual actions appropriate in a Mass Casualty Response:

A. The first arriving EMS resource estimates the number of casualties and the type of incident. If an obvious Mass Casualty Incident (MCI) exists, the first arriving EMS resource immediately advises their dispatcher. If this notification is not made by the first arriving resource, it should be made by the first arriving supervisor or person designated to do so by local procedure. **IT IS CRITICAL THAT THE DISPATCHER BE CLEARLY TOLD THAT 'THIS IS A MASS CASUALTY INCIDENT" SO THAT ALL COM-PONENTS OF THE PLAN CAN BE IMMEDIATELY ACTIVATED**. All further communication to the dispatcher will be on an assigned frequency. The EMS Transportation Supervisor establishes a communications link with the pre assigned Coordinating Hospital. Each Fire/EMS department has been pre-assigned a Coordinating Hospital ***(SEE PAGE 29***). A constantly open cellular telephone connection is preferred. If that fails, the 800 County-wide radios may be used, or Volunteer Amateur Radio Operators (HAMS) may be used. The EMS Transportation Officer will be the only MCI responder communicating with the hospital(s).

B. Establish scene safety before rescuers enter the area.

C. The first EMS resource on scene will develop a gross estimate of the number of victims, the type of injuries and begins the S T A R T (Simple Triage And Rapid Treatment) procedures.

D. The DISPATCH SERVICE for the jurisdiction in which the Mass Casualty Incident occurred immediately initiates the department's pre-planned call-up of equipment and personnel and notifies the appropriate Coordinating Hospital, and the Stark County Emergency Preparedness Agency as appropriate (330-451-3911) that an MCI has occurred.

E. Incident Commander shall:

DESIGNATE A COMMAND POST. Initiates incident operations following the NIMS ICS protocol for command and control.

DESIGNATES AS NECESSARY:

A EMS BRANCH DIRECTOR OR SUPERVISOR
A TRIAGE GROUP SUPERVISOR OR UNIT LEADER
A TREATMENT GROUP SUPERVISOR OR UNIT LEADER
A TRANSPORT GROUP SUPERVISOR OR UNIT LEADER
A PATIENT TREATMENT AREA
A STAGING MANAGER

Each person puts on appropriate vest or method of identification.

In addition, any incidence that would require assistance for command and control the incident commander can activate Stark County Incident Management Assist Team by contacting the Canton Fire Dispatch at 330-649-5900.

F. Under the direction of the Triage Group Supervisor or Unit Leader, arriving crews begin tagging patients at the location found. STANDARD INTERNATIONAL TRIAGE TAGS (METTAGS) ARE TO BE USED. The Triage Tags will be attached to the victim's wrist, ankle or neck. DO NOT ATTACH TAGS TO VICTIM'S CLOTHING. The Triage Group Supervisor or Unit Leader directs all persons who can walk, to other areas. If they can't walk, they go to Triage area.

G. Next arriving crews place victims securely on back-boards, and move patients into treatment area. When possible, move patients in tag color priority (red first, then yellow).

H. Patients are placed in priority order in the treatment area.

I. Arriving EMS resource report to Staging Manager. EQUIPMENT is off loaded in designated location for use in the patient treatment area. PERSONNEL are assigned as needed. **A QUALIFIED DRIVER STAYS WITH THE VEHICLE.**

J. TREATMENT GROUP SUPERVISOR OR UNIT LEADER supervises all activity in the patient treatment area and requests additional resources as necessary through the EMS CONTROL BRANCH DIRECTOR OR GROUP SUPERVISOR.

K. The TRANSPORTATION GROUP SUPERVISOR OR UNIT LEADER begins sending victims to all area hospitals in PRIORITY ORDER. The Transportation Group Supervisor or Unit Leader's decisions on transporting patients will be coordinated with the COORDINATING HOSPITAL on the open telephone line.

L. The LAW ENFORCEMENT LIAISON OFFICER coordinates with the Incident Commander to establish and maintains the INNER AND OUTER PERIMETERS, HANDLES TRAFFIC FLOW (INGRESS AND EGRESS) AND SCENE SECURITY. The Law Enforcement Liaison Officer will be made aware of the staging area and routing to staging and any other law enforcement related tasks.

M. Other agencies will respond to the COMMAND POST and function as outlined in the section of the plan marked "SPECIFIC MASS CASUALTY TERMS AND RESPONSIBILITIES".

N. TRANSPORTING EMS RESOURCES *will not make direct contact with receiving hospitals unless there is a dramatic degradation in a patient's condition that calls for hospital intervention*.

O. OTHER EMS INCIDENCES (not involved in the Mass Casualty response) shall work off written standing orders and *will only make hospital contact that is required by life threatening conditions for the duration of the MCI incident.*

III. Hospitals

The following indicates the usual actions appropriate in a Mass Casualty Response:

HOSPITAL ACTIONS

A. Upon notification of a Mass Casualty Incident the Coordinating Hospital shall NOTIFY ALL POTENTIAL RECEIVING HOSPITALS of the situation, the nature of the incident, the estimated NUMBER OF VICTIMS and the number of victims that the receiving hospital may receive. These estimates are to be updated as often as possible. Notification will be made only through the Coordinating Hospital. The Coordinating Hospital must maintain constant contact with the on scene Transportation Group Supervisor or Unit Leader until the scene has been cleared of salvageable victims. The receiving hospitals will discuss any special concerns regarding their status with the Coordinating Hospital. It is expected that all area hospitals will receive patients during a Mass Casualty Incident irrespective of the hospital's status. The receiving hospitals will NOT attempt to contact a dispatch center or EMS unit directly.
The Coordinating Hospital will use Log Form B and the on scene Transportation Group Supervisor or Unit Leader will use Log Form A for keeping patient destination records.

B. Receiving hospitals may activate their internal Disaster Plans as determined by their own protocols. It is understood that initial estimates of the number and types of victims may be inaccurate. Field personnel and the Coordinating Hospital will not be held responsible for the accuracy of victim estimates. Each hospital will notify the Coordinating Hospital of their status and of other "walk-in" victims that may imbalance patient loads. Receiving hospitals will use Log Form C for patient destination records. All Triage Tags will be maintained as a part of the patient's medical record.

C. An American Red Cross representative and an Amateur Radio operator (HAM) will report to the receiving hospitals, the Command Post, the Coroner’s Office, and the county’s Emergency Operations Center (EOC) to assemble and communicate patient/victim names. Each receiving hospital is to notify the Americana Red Cross person of the available patient names and status. This information will typically be passed by Amateur Radio to the Red Cross Information Center

D. If victims are later transported to other hospitals this information shall be relayed to the Red Cross. The names of deceased victims shall not be communicated in this manner. The identities of deceased persons will be communicated to the Coroner’s office using the most secure method of communications available at the time.

E. A specific telephone number for patient/victim inquiries shall be established by the American Red Cross. The Red Cross shall immediately notify all hospitals, the dispatch service for the jurisdictions in which the MCI occurred, the Incident Command Post, and the Stark County Emergency Preparedness Agency of the number and procedures to be used for information regarding the incident.

In extremely large incidents, a moratorium on incoming health and welfare inquiries may be instituted as a part of the standard American Red Cross procedure.

F. A Joint Public Information Center (J-PIC) will be established with representatives from all participating agencies. All public statements are to be shared and made through the J-PIC.

SPECIAL SITUATIONS

BURNS: The Coordinating Hospital will notify the Akron Children's Hospital's Burn Unit of the total number of burn victims and their location at the various receiving hospitals. The Medical Director of the Burn Unit will decide which patients are to be kept at the receiving hospitals and which patients are to be transported elsewhere.

CHILDREN: Normal protocol is to send children to hospitals that normally handle pediatric patients. Children are defined as patients up to 14 years old. There may be specialized conditions or situations in which a child or children will be taken directly to a facility specializing in the care of children.

PHYSICIAN: Normally, physicians are not sent to the scene of a Mass Casualty Incident.

AT THE SCENE: If a physician is needed at the scene, the EMS Branch Director or Group Supervisor should request the Transportation Group Supervisor or Unit Leader to notify the Coordinating Hospital of the specific indications or situation which requires a physician on the scene. The Coordinating Hospital may arrange for a physician or request a receiving hospital to send a physician and any needed equipment. A returning squad or law enforcement unit should be used to transport the physician and equipment.

D O A's: All DOA's are left at the scene until released by the Coroner or the Coroner's designee.

SUMMIT COUNTY HOSPITALS: When necessary contact Summit County Coordinating Hospital for additional hospital resources. (Barberton Citizens Hospital)

HAZ-MAT INCIDENTS: On any incident involving hazardous materials notify Stark County Haz-mat Team and/or the AHJ Health Department as necessary.

IV Triage Tags and Equipment:

1. Each community in Stark County is to have their own supply of emergency items needed prior to arrival of the mass casualty trailer(s).

2. Each E.M.S. unit in Stark County is to be equipped with a package of fifty (50) "METTAG" type universal triage tags. A copy of this MCI Plan should be kept on all ambulances with maps/directions and five (5) copies of Log Form A!

3. Each of the four Stark County Mass Casualty Trailers has a various supply of equipment. The list below indicates a generic list of those supplies. Location of these trailers is Canton City, Plain Township, Jackson Township, and Minerva.

4. Below is a minimum list of supplies that each Hospital Disaster Box (On-Scene Disaster Box) is to have:

Hospital

- 10 - Triangular bandages - 1g
- 5 - 10 inch Splint Boards
- 6 - 18 inch Splint Boards
- 100 - 4X4 Topper Sponges
- 10 - 1000cc N.S. I.V.
- 4 - ½ inch adhesive tape
- 4 - 1 inch adhesive tape
- 3 - 2 inch adhesive tape
- 15 - 2 inch Kling Sterile
- 15 - 3 inch Kling Sterile
- 15 - 4 inch Kling Sterile
- 15 - Maxi drip IV tubing
- 10 - 16 Angio caths
- 10 - 18 Angio caths
- 10 - 20 Angio caths
- 10 - 22 Angio caths
- 12 - Full face O_2 NR Masks
- 5 - Sterile N.S. for irrigation
- 20 - Disaster tags/METTAGS
- 20 - 8 x 10 Compresses
- 5 - Disposable ambu bag #2 & #5 masks
- 1 Box - Medium Gloves
- 1 Box - Alcohol Preps
- 25 - Bioclusives
- 25 - Tourniquets
- 5 - 100 mm oral airway
- 5 - 90 mm oral airway
- 5 - 80 mm oral airway
- 12 - CPR face shields
- 4 - Trauma scissors
- 20 - Assorted Ace wraps

Stark County MCI Trailer

- Zumbro Shelter/Decon – 14' X 21'
- Triage Tarp Set
- 150 - Patient Triage Kit
- 25 - Trauma Kits with supplies
- 25 - Backboards
- 75 - Backboard Straps
- 25 - Pairs Head Blocks
- 50 - C-Collars
- Splinting
- Stethoscope/BP Cuffs
- Infection Control PPE
- Airway Management
- Intubations
- Oral Airway
- BVM
- Cold/Hot Packs
- Blankets
- Trauma Shears
- Body Bags

This equipment should be checked regularly. When expiration dates (of some) are close, put into use and replace with later dated supplies. This activity should be assigned to a particular person(s) or department and a record kept of inspection dates.

V. First Authority Having Jurisdiction (AHJ) on Scene
MASS CASUALTY GUIDELINES

Advise your dispatcher "WE HAVE A MASS CASUALTY CAUSED BY _____ WITH APPROXIMATELY _____VICTIMS. ACTIVATE THE MASS CASUALTY PLAN. USE ALLIANCE/AFFINITY MEDICAL (formerly Massillon Community) (furthest away from the incident) AS THE COORDINATING HOSPITAL."

Establish incident command system

Do not treat victims.

Contact and/or delegate to dispatch to update the coordinating hospital. Use 800 County-wide radio as an alternate.

Notify the coordinating hospital (See list on Page 29) that a mass casualty incident has occurred and they are the Coordinating Hospital. Inform them they should have or soon will receive a call from the MCI Transportation Group Supervisor. Remind them to establish an open line with the other hospitals.

Contact and/or delegate to dispatch, if needed, the Stark County Emergency Management Agency (330-451-3911) that a mass casualty incident has occurred.

Initiate the **S T A R T** procedures.

First unit in **DOES NOT** transport. Stay at the scene unless ordered out.

All communications to and from dispatcher must go through the Command Post.

All communications to the hospital must go through the Transportation Group Supervisor or Unit Leader.

Use plain talk. Do not use radio codes.

VI. Communications Center Personnel
MASS CASUALTY INCIDENT GUIDELINES

DUTIES: Answer and relay, as appropriate telephone, radio, fax, email, leads, and other information.

Assist the Incident Commander in acquiring needed personnel, materials, supplies, and equipment.

ACTIONS: Initiate your agency's/organization's policy/protocol for calling in additional communications personnel.

Alert and/or summon response personnel needed in response to the mass casualty incident.

Inform the Incident Commander you have taken the above actions.

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All communications to and from dispatcher must go through the Command Post.

All communications to the hospital must go through the Transport Supervisor.

Use plain talk. Do not use radio codes.

VII EMS Branch Director or Group Supervisor
MASS CASUALTY GUIDELINES

DUTIES: In charge of all EMS activities.

REPORTS TO: Incident Commander

SUPERVISES: Triage Group Supervisor or Unit Leader - Treatment Group Supervisor or Unit Leader - Transportation Group Supervisor or Unit Leader

ACTIONS: Confirms that dispatcher and hospital coordinator have been notified of a "Mass Casualty Incident" and have initiated their call-up procedures.

Modifies pre-plan call-up as needed.

Appoints Triage, Treatment and Transportation Group Supervisor or Unit Leaders.

Distributes vests and wears "EMS Control" vest

Designates Patient Treatment area.

Supervises EMS activity

Assigns personnel

Requests additional resources through the Incident Commander.

Advise Incident Commander to notify the Coroner.

Advise Transport Group Supervisor to acquire Hospital Disaster Boxes (On-Scene Disaster Boxes) if needed.

Contacts the Command Post to advise Law Enforcement Liaison Officer of ingress and egress routes, staging area(s), etc. through the Command Post.

All communications to dispatcher must go through the command Post.

All communications to the hospital must go through the Transportation Group Supervisor or Unit Leader.

Use plain talk. Do not use radio codes.

VIII Responding EMS RESOURCES

MASS CASUALTY GUIDELINES

Respond with all available backboards, straps and personnel.

During the incident limit all out-going radio traffic to emergency situation only!

Listen for instructions on **Dispatch Frequency** unless advised otherwise.

Report to the Staging Manager. An ***AUTHORIZED*** driver stays with the vehicle. Remaining crew off loads equipment at designated location.

All victims will be triaged, tagged, and moved into patient treatment area. They will then be transported in priority order.

The Treatment Group Supervisor or Unit Leader will prioritize victims for transport.

Transport victims only when instructed by the Treatment Group Supervisor or Unit Leader. (Transport to the hospital designated by the Transportation Group Supervisor or Unit Leader.)

Do not contact the Receiving Hospital by radio. The Transportation Group Supervisor or Unit Leader does that.

When directed by the Transport Supervisor the first squads taking patients to the receiving hospitals will acquire the Hospital Disaster Box (On-Scene Disaster Box) and transport it back to the scene.

Upon completion at the hospital, contact the Staging Manager for further orders.

USE BACKBOARDS ONLY!!!! NO COTS IN THE TRIAGE AREA!!!

All communications to dispatcher must go through the Command post.

All communications to the hospital must go through the Transportation Group Supervisor or Unit Leader.

Use plain talk. Do not use radio codes.

IX EMS Triage Group Supervisor
MASS CASUALTY INCIDENT GUIDELINES

DUTIES: All patient triage, tagging and movement into the patient treatment area.

REPORTS TO: EMS Branch Director or Group Supervisor

SUPERVISES: All EMS personnel in the field

ACTIONS: Put on "EMS Triage" vest

Evaluate situation and report to EMS Branch Director or Group Supervisor

Have patients triaged, tagged and left in place

Have all patients able to walk, report to a designated area.

Move all secured patients on backboards into patient treatment area by color priority:

RED – Immediate - most urgent
YELLOW – Delayed - urgent
GREEN – Minimal – not urgent
BLACK – DOA or Non-Salvageable

Leave all black tag victims in position found unless they must be moved to get to salvageable patients.

Request additional resources as needed through the EMS Branch Director or Group Supervisor.

All communications to dispatcher must go through the Command Post.

All communications to the hospital must go through the Transportation Group Supervisor or Unit Leader.

Use plain talk. Do not use radio codes

X EMS Treatment Group Supervisor
MASS CASUALTY GUIDELINES

DUTIES: All patient treatment and re-triage within the patient treatment area.

REPORTS TO: EMS Branch Director or Group Supervisor

SUPERVISES: All EMS personnel in the treatment area

ACTIONS: Put on "EMS Treatment" vest

Establish patient treatment area with three color zones:

RED – Immediate - Most urgent
YELLOW – Delayed – Urgent
GREEN - Minimal - Not urgent

Re-triage patients as they come into the patient treatment area

Place victims in appropriate color areas.

Request additional resources and treatment equipment including the Hospital Disaster Box(s) (On-Scene Disaster Box) through the EMS Branch Director or Group Supervisor.

Supervise all treatment activities.

Continually re-triage until patients are transported.

Coordinate transportation priorities with Transportation Group Supervisor or Unit Leader. Do not transport DOAs.

All communications to dispatcher must go through the Command Post.

All communications to the hospital must go through the Transportation Group Supervisor or Unit Leader.

Use plain talk. Do not use radio codes..

XI EMS Transport Group Supervisor
MASS CASUALTY GUIDELINES

DUTIES: Move patients from the treatment area to receiving hospitals.

REPORTS TO: EMS Branch Director or Group Supervisor

SUPERVISES: All transport vehicles and personnel

ACTION: Put on "EMS Transportation Group Supervisor or Unit Leader" vest.

Set up area for arrival of ambulances. (Use remote staging area(s) if necessary.)

Reconfirm that necessary vehicles and equipment are enroute. Request additional resources through the EMS Branch Director or Group Supervisor.

If needed directs the first transport EMS resources to acquire the Hospital Disaster Box(es) (On-Scene Disaster Box) and returns back to the scene.

Using 800 County-wide radio, cellular phone, or HAM radio, establish a constantly open communications link with the coordinating hospital. **ONLY** the coordinating hospital is to communicate with the receiving hospitals.

Distribute hospital location maps and directions.

Transport patients in priority Red- Yellow- Green.

Do not transport DOA's. Coordinate with the coroner.

Until advised by the coordinating hospital, rotate victims equally among all hospitals. For each victim transported before Coordinating Hospital is operational in this role, advise the coordinating hospital of the squad, hospital destination, tag color, and chief problem (i.e. Bethlehem Squad 5, Affinity Medical Center, Red, Chest trauma.) Maintain transport patient destination log A.

All communications to dispatcher must go through the Command Post.
All communications to the hospital must go through the Transportation Group Supervisor or Unit Leader.

Use plain talk. Do not use radio codes.

XII Staging Manager
MASS CASUALTY INCIDENT GUIDELINES

DUTIES: This person keeps a current inventory of all resources for his/her staging area.

Arranges a staging area(s) where personnel and resources that are not immediately needed can be positioned to await an assignment.

REPORTS TO: EMS Branch Director or Group Supervisor

SUPERVISES: Personnel assisting in keeping an inventory of personnel and resources in the staging area.

ACTIONS: Puts on staging vest.

Coordinates with EMS Branch Director or Group Supervisor and comes to an agreement on where the staging (or staging areas) will be located.

Makes a list of personnel, equipment and vehicles in the staging area.

May use staged personnel to assist in logging and tracking personnel and resources.

Checks the credibility of personnel not known to the staging manager or other responders and holds them in the staging area until their credibility is confirmed. Example: Person shows up saying he/she is a doctor. Get verification, don t just accept a verbal remark.

Reminds all persons to keep one (1) person with keys with any vehicle in the staging area.

All communications to dispatch must go through the Command post.

All communications to the hospital must go through the EMS Transportation Group Supervisor or Unit Leader.
Use plain talk, do not use radio codes.

XIII Coordinating Hospital
MASS CASUALTY GUIDELINES

The following pertains only to the single hospital designated as the "Coordinating Hospital". This is the only hospital which should be in direct communication with the on scene EMS Transportation Group Supervisor or Unit Leader. All other hospitals use the "Receiving Hospital" format.

You are to communicate only with the on scene EMS Transportation Group Supervisor or Unit Leader using a constantly open phone line, Cell Phone, assigned 800 County-wide Radio talk group or Ham Radio. All ambulance, squad, and medical personnel are to communicate with the EMS Transportation Group Supervisor or Unit Leader or the Command Post.

Obtain the following from the Transportation Group Supervisor or Unit Leader:

Nature of the incident:

Approximate number of victims:

Incident location:

Notify all other hospitals of the situation and update them periodically. Advise them to use their Mass Casualty Information package and have their Disaster Box ready to be sent to the scene. Assess the status of the hospitals and gather the appropriate information.

HOSPITAL	TIME NOTIFIED	STATUS
Affinity Medical (Massillon Comm)	_____	_____
Aultman	_____	_____
Alliance Community	_____	_____
Mercy Medical Center	_____	_____
Akron Children's	_____	_____
Akron City	_____	_____
Akron General	_____	_____
Barberton Citizens	_____	_____
Cuyahoga Falls	_____	_____
Saint Thomas	_____	_____

Notify other hospitals if you think they may be needed.

XIII (Continued) Coordinating Hospital
Mass Casualty Guidelines

As the Coordinating Hospital you are to communicate with the on-scene EMS Transportation Group Supervisor or Unit Leader. Determine which hospitals will be designated "Receiving Hospitals." Notify all hospitals of this decision.

Victims are to be sent from the field to the "Receiving Hospitals" by the EMS Transportation Group Supervisor or Unit Leader.

Activation of individual hospital disaster plans is at the discretion of each "Receiving Hospital".

Log all victims leaving the scene on the “Coordinating Hospital’s” Log form B and relay the information to the “Receiving Hospitals”

Coordinate the transportation of all victims to local and distant hospitals

If needed, the American Red Cross will send teams to each "Receiving Hospital" to prepare a master list of patient names and destinations for your institution. Advise the Red Cross of transferred or released patients. The Red Cross will set up a phone bank to take health and welfare inquiries from victim's families. Notify the American Red Cross that they need to send mass casualty teams to the receiving hospitals to gather patient/victim information according to the County’s Mass Casualty Incident Plan.

Alliance Minerva Red Cross Chapter: 330-823-0660
Stark County Regional Red Cross: 330-453-0146

Participate in the Joint Public Information Center (J-PIC) established by the Incident Commander. Request that he/she establish one if that hasn't been done early in the incident.

SPECIAL SITUATIONS:

BURNS:	Coordinate disposition of burns victims with Akron Children's Hospital
REQUEST FOR PHYSICIAN ON SCENE:	Normally physicians are not sent to the scene unless there is a special situation trapped victim requiring amputation, etc.). If a physician is requested by the EMS Transportation Group Supervisor request one from the closest appropriate "Receiving Hospital". Use returning squad or law enforcement for physician transportation. Send needed equipment with the physician.
DOA's:	All deceased victims will be left at the scene until the Coroner or the Coroner's Deputy (is) arrive. DO NOT send DOA's to any location until they are released by the Coroner's Office.

XIV County Coroner
MASS CASUALTY GUIDELINES FOR

All telephone calls relating to the County Coroner regarding Mass Casualty Incidents are to be received on telephone number **(330) 451-1366**

The following from the County Coroner's Office will be immediately notified:

The Coroner
The Coroner's Chief Investigator
All Coroner's Investigators
The Coroner's Office Manager
Photographer

All but the Office Manager will respond to the scene. The Office Manager reports to the Coroner's Office.

Upon arrival, each staff member is to report to the Staging Area for assignments. Additional personnel will be called as needed.

The Coroner will take charge of all deceased victims. Operations at the scene may include the procedures of other agencies such as the National Transportation Safety Board (NTSB), Federal Bureau of Investigation (FBI), Bureau of Alcohol Tobacco and Firearms (BATF) and others as applicable.

Field EMS personnel will utilize the International "METTAG" triage tags.

Bodies will not be moved until their location has been properly documented.

A DOA "Black Tag" area will be established at the scene if local emergency response personnel have not done so. This will be an area out of view of the public, media and especially the patient treatment area. Victims who expire in the patient treatment area will be moved to the "Black Tag" area. Other victims will not be moved from the site.

NO DOA victims will be transported from the scene to a hospital. All will be held at the scene until their disposition is ordered by the Coroner or a Coroner's Deputy:

The Coroner's office in conjunction with agencies and organizations available to them will establish a temporary morgue.

All patients who expire en-route to or after arriving at a hospital shall be held for disposition by the Coroner. No Autopsy is to be performed without specific permission from the Coroner.

XIV (Continued) County Coroner
MASS CASUALTY GUIDELINES

American Red Cross Representatives will, with information provided by the Coroner's personnel, compile names of all deceased victims. These names will be added to the list of injured used to assist relatives in finding family members who may be victims. The Red Cross WILL NOT release this list to the media or any other person without the permission of the Coroner or a Coroner's Deputy. The Red Cross will take names and address of callers whose family members are deceased and refer the information back to the Coroner for notification. The Coroner may call on the Red Cross to make this notification.

XV Law Enforcement Liaison
MASS CASUALTY GUIDELINES

DUTIES: Overall responsibilities for scene security, enforcement of the inner and outer perimeters, traffic lanes for emergency units, assurance that responding personnel report to proper duty or staging area(s).

REPORTS TO: Command Post and Incident Commander

SUPERVISES: All responding law enforcement personnel

ACTIONS: Reports to Command Post. Assures that all other Senior Officers stay at the Command Post.

Enforces the Inner and Outer Perimeters and Staging Area(s) after consultation with the Incident Commander

Ascertains if EMS units are to report to Transport or Staging area(s).

Modifies pre-planned call-up as needed

Assigns:

1) Traffic Control and Routing
2) Outer Perimeter Control
3) Inner Perimeter Control
4) Security of Victims and Property
5) Incident Investigation
6) Coroners' Liaison

XVI Law Enforcement Officer
MASS CASUALTY GUIDELINES

DUTIES: As assigned by the Law Enforcement Liaison Officer or Supervisor

REPORTS TO: Law Enforcement Liaison Officer or Supervisor

ACTIONS: Depends on your assignment

Assure your own safety

Direct all incoming EMS units to the Staging area(s) as designated by the Incident Commander.

Limit Outer Perimeter access to persons having a reason to be in the area. Those allowed access include, Police, Fire, Utility, Red Cross, Coroner, Emergency Management, Amateur Radio, etc.

Limit Inner Perimeter access to those actively working on the incident.

Direct all "Good Samaritan" Doctors, Nurses etc. to the Staging Area for assignment.

Leave DOA's in position found unless movement is needed to reach salvageable victims. Do not allow ID to be removed from any victims (living or dead).

Direct media to the media area established by the Command Post. Do not allow them inside the Inner Perimeter without Command Post approval and an escort.

If the situation/event warrants, the Law Enforcement Liaison will become part of the Unified Command for the incident.

DO NOT USE RADIO CODES . . . USE PLAIN ENGLISH

XVII Stark County Emergency Management Agency/911
MASS CASUALTY GUIDELINES

Notification of a Mass Casualty Incident (MCI) will come from the I.C. or a dispatcher. It will be answered by a member of the Emergency Management Agency staff, at 330-451-3900, during regular business hours. After hours, on weekends and holidays, it will be answered by a Stark County 9-1-1 Operator.

Upon receiving the notification, the staff person or 9-1-1 personnel will immediately contact the Emergency Management Agency Coordinator or person assigned to take Emergency Preparedness Agency calls. If the 9-1-1 operator cannot make direct contact with a person from Emergency Preparedness, the 9-1-1 staff on duty will contact the Emergency Management Agency staff by pager and/or radio. If no Emergency Management Agency personnel can be contacted the 9-1-1 staff on duty will contact the members of the Board of Stark County Commissioners or the Stark County Administrator.

When a Mass Casualty Incident call is received by the 9-1-1 personnel, the senior operator on duty will stop taking 9-1-1 calls and will begin logging on paper all phone calls and events relating to the incident and will handle all telephone and radio communications for the Emergency Management Agency until a member of the Emergency Management Agency staff arrives at the Emergency Operations Center.

The Emergency Management Agency staff will report to the Emergency Management Agency Offices and Operations Center and begin making notification of the Mass Casualty Incident to the Stark County Coroner's Office, the appropriate American Red Cross Chapter, the Stark County Amateur Radio Service and other agencies, groups and organizations which may be needed. A call will be placed to the dispatch center handling the MCI and they will be told to tell the Incident Commander (IC) that the Emergency Operations Center is staffed and ready to respond to requests for assistance or resources. The staff will also contact the persons who are to staff the Emergency Operations Center (EOC) and tell them to report to the EOC. They will set up the telephones, maps graphs and charts in the Operations Center and take over the logging of messages and events.

XVIII Specific Mass Casualty Terms and Responsibilities

ALLIED HEALTH PERSONNEL - Physicians, Nurses and other health care personnel on the scene of the emergency who are to report to the Staging Area

AMATEUR RADIO - The Canton/Stark County Amateur Radio Club (Hams) will be used to supplement day-to-day radio and telephone communications and as the primary back-up to radio and telephone communications. This service may also be used as the primary link for relaying patient information between receiving hospitals and the Red Cross information center. The Amateur Radio Communications Coordinator will designate amateur radio operators to fill communications needs upon request of the Red Cross or Stark County Emergency Preparedness Agency.

AMERICAN RED CROSS - There are two American Red Cross chapters in Stark County; Central Stark County, headquartered in Canton, and the Alliance-Minerva Chapter; headquartered in Alliance. The lead chapter in a Mass Casualty Incident will be the chapter in whose jurisdiction the incident occurs. The Red Cross personnel are responsible for the collection of patient names and destinations from the receiving hospitals . . . receipt of health and welfare inquiries from the public . . . establishment of shelter and feeding facilities for displaced persons . . . and feeding of the response personnel.

AUTHORITY HAVING JURISDICTION – An organization, office, or individual responsible for enforcing the requirements of a code or standard, or for approving equipment, materials, an installation, or a procedure.

COMMAND STRUCTURE - The Command Structure at a Mass Casualty Incident in Stark County shall follow the NIMS Incident Command System.

COMMAND POST - A fixed, clearly marked (with flashing green light) on scene location where the Incident Commander, Stark County Haz-Mat Control Officers and others make command decisions and coordinate all scene activities. A command post shall be used for each incident scene. The Command Post should be at the edge of the inner perimeter. The Command Post does not have to be a specialized vehicle.

COMMUNICATIONS CENTER - The location where information is received and related by way of radio, tele-type, fax, e-mail, telephone and other means. Normally staffed by Telecommunication Specialists or Dispatchers.

COORDINATING HOSPITAL - The single point of contact from the Mass Casualty Incident Transportation Group Supervisor and the other area hospitals. By this plan Alliance Community and Affinity Medical Centers (Massillon Community) are assigned this responsibility **(see pages 18/19 & 28 for their assignments).** The Coordinating Hospital relays information from the MCI Transportation Group Supervisor to the other hospitals. The Coordinating Hospital also confirms the number and types of patients the other hospital are capable of receiving.

CORONER - The elected physician responsible for the inventory, identification and processing of deceased victims, determining the cause of death and warning responders and the public of contagious and/or communicable diseases.

CRITICAL INCIDENT STRESS BRIEFING (CISB) - A system in which responders called to an incident of a gruesome, hideous or terrifying nature, are mentally prepared for what they may experience, before being sent into the scene.

CRITICAL INCIDENT STRESS DEBRIEFING (CISD) - A system designed to assist persons with mental trauma brought on by responding to incidents of a gruesome, hideous or terrifying nature. This service is available in Stark County from the CISD Team or through the Stark County Mental Health Agency. The Emergency Preparedness Agency may be contacted for this service.

DEAD ON ARRIVAL(s) (DOAs) - All victims found dead on your arrival are left at the scene until released by the Coroner or the Coroner's designee.

EMERGENCY MANAGEMENT AGENCY - The county's department charged with maintaining and operating an Emergency Operations Center (EOC) . . . ,assisting local officials in identifying hazards and designing plans for responding and recovering from identified hazards . . .providing assistance to the Incident Commander and local officials by locating resources at the local, state and federal level . . . and coordinating the response of special volunteer resources.

EMERGENCY OPERATIONS CENTER (EOC) - A fixed location, permanent or temporary, where representatives of the Incident Commander, elected officials, and support personnel meet and make decisions during a disaster or emergency or in this case a Mass Casualty Incident.

EMERGENCY OPERATIONS PLAN (EOP) - A local and/or county-wide plan that identifies known hazards in the community or county and outlines the duties and responsibilities of those expected to respond to and recover from the occurrence of such hazards.

EMERGENCY MEDICAL SERVICES (EMS) - All emergency medical service activities relating to response, triage, patient care and the transport of victims of a Mass Casualty Incident.

EMERGENCY PREPAREDNESS AGENCY - Same as Emergency Management Agency.

EMS BRANCH DIRECTOR OR GROUP SUPERVISOR - The person in charge of all EMS related activities at a Mass Casualty Incident Scene. Answers directly to the Incident Commander.

FIRE DEPARTMENT - The agency or organization responsible for all fire suppression and rescue activities. May also be the agency or organization responsible for EMS activities.

HEAR (Radio) - Hospital Emergency Administrative Radio. A radio frequency used by fire and EMS personnel to communicate with local hospitals.

HOT ZONE - A particularly volatile area within the Inner Perimeter where access is restricted to those persons taking special protective measures. In a Hazardous Materials Incident,

decontamination may be required for all persons and equipment leaving the Hot Zone. (Normally a "Hot Zone" is not used in a Mass Casualty Incident unless unusual conditions exist.)

INNER PERIMETER - The boundary that separates the "Incident Area" from the "Support Area". Only personnel actively working on the incident will be permitted in the "Inner Perimeter". For safety, media personnel are not permitted within the "Inner Perimeter" without an escort.

JOINT PUBLIC INFORMATION CENTER (JPIC) - A fixed location for dissemination of public information. All participating agencies are to be represented in the JPIC and all official information to be passed on to the public should pass through the JPIC before being released.

LAW ENFORCEMENT - The county Sheriff, the Sheriff's Deputies, local police officers and officers of the Ohio State Highway Patrol. The primary responsibilities of this group are: to coordinate law enforcement activities with the Incident Commander. Their duties include, but are not limited to; scene security, establishment of the inner and outer perimeters, crowd control, traffic control, removal of persons hindering the patient care process, identification of witnesses and bystanders who require follow-up medical or mental health care, investigation of any criminal activity relating to the Mass Casualty Incident, and security for a temporary morgue.

MASS CASUALTY INCIDENT - An incident in which the number of victims exceeds the number or rescuers and resources that can immediately triage, treat and transport them. The number of victims for a Mass Casualty incident varies from community to community and situation to situation.

MENTAL HEALTH - The care and treatment of persons, (victims, on-lookers and responders is the responsibility of the receiving hospitals. See also Critical Incident Stress Debriefing (CISD). Mental Health professionals may be requested at the scene.

OUTER PERIMETER - Generally the perimeter separating bystanders and traffic from the incident.

PATIENT TREATMENT AREA - A location within the Inner Perimeter where patients are moved for re-triage, treatment and prioritization prior to transportation.

PIO - Public information Officer. Person who assembles and confirms information intended for release to the media and the public.

POLICE DEPARTMENT - Same as Law Enforcement

PRIMARY SURVIVAL SCAN - (See S T A R T Annex to this plan)

PUBLIC INFORMATION OFFICER – See PIO.

SALVATION ARMY - Can assist in providing shelter, feeding and assistance of victims and victims' families.

STAGING MANAGER - Person responsible for staging EMS apparatus, personnel and all the resources that are not immediately needed.

STANDBY NOTIFICATION - In certain instances there may be the potential for an incident to escalate to a Mass Casualty Incident. In such situations, the Incident Commander may choose to make a "Standby Notification" to persons who may be called on if the incident becomes a Mass Casualty Incident. This notification should be made and should include emergency responders, the hospital network, the Emergency Preparedness Agency, the Red Cross, the Coroner and other local personnel who may be needed. This gives those responders an opportunity to prepare for an actual response if needed.

TRANSPORTATION GROUP SUPERVISOR OR UNIT LEADER- The person responsible for all patient movement from the patient treatment area to the receiving hospitals. Sends victims to all area hospitals in PRIORITY ORDER. Any deviations from an equal rotation to all participating hospitals will be coordinated between the Transportation Group Supervisor or Unit Leader and the Coordinating Hospital.

TREATMENT GROUP SUPERVISOR OR UNIT LEADER - Person in charge of all activities relating to patient treatment including re-triaging within the Patient Treatment Area. Supervises all activity in the Patient Treatment Area and requests additional resources as necessary through the EMS Branch Director or Group Supervisor.

TRIAGE GROUP SUPERVISOR OR UNIT LEADER - Person in charge of all triage, tagging and movement into the Patient Treatment Area. Responsible to the EMS Branch Director or Group Supervisor.

Coordinating Hospitals

FIRE DEPARTMENT	FIRE NUMBER	COORDINATING HOSPITAL	TEL NUMBER
ALLIANCE	330-821-1212	AFFINITY (Aka MASS COMMUNITY)	330-596-6100
BEACH CITY	330-756-2211	ALLIANCE COMMUNITY	330-596-6100
BETHLEHEM TWP	330-897-5101	ALLIANCE COMMUNITY	330-596-6100
BREWSTER	330-764-4044	ALLIANCE COMMUNITY	330-596-6100
CANAL FULTON	330-854-2211	ALLIANCE COMMUNITY	330-596-6100
CANTON CITY	330-489-3434	ALLIANCE COMMUNITY	330-596-6100
CANTON TWP	330-456-6222	ALLIANCE COMMUNITY	330-596-6100
EAST SPARTA	330-866-9211	ALLIANCE COMMUNITY	330-596-6100
GREENTOWN	330-499-2145	AFFINITY (AKA MASS COMMUNITY)	330-837-6868
HARTVILLE	330-877-9328	AFFINITY (AKA MASS COMMUNITY)	330-837-6868
JACKSON TWP	330-499-6666	ALLIANCE COMMUNITY	330-596-6100
LAWRENCE TWP	330-854-6666	ALLIANCE COMMUNITY	330-596-6100
LEXINGTON TWP	330-821-3333	AFFINITY (AKA MASS COMMUNITY)	330-837-6868
LOUISVILLE	330-875-5553	AFFINITY (AKA MASS COMMUNITY)	330-837-6868
MAGNOLIA	330-866-2228	AFFINITY (AKA MASS COMMUNITY)	330-837-6868
MARLBORO TWP	330-935-2424	AFFINITY (AKA MASS COMMUNITY)	330-837-6868
MASSILLON CITY	330-833-1053	ALLIANCE COMMUNITY	330-596-6100
MINERVA	330-868-4177	AFFINITY (AKA MASS COMMUNITY)	330-837-6868
NAVARRE	330-879-2112	ALLIANCE COMMUNITY	330-596-6100
NIMISHILLEN TWP	330-875-3363	AFFINITY (AKA MASS COMMUNITY)	330-837-6868
NORTH CANTON	330-499-4614	ALLIANCE COMMUNITY	330-596-6100
NORTH LAWRENCE	330-832-7033	ALLIANCE COMMUNITY	330-596-6100
OSNABURG TWP	330-488-1515	AFFINITY (AKA MASS COMMUNITY)	330-837-6868
PERRY TWP	330-833-2505	ALLIANCE COMMUNITY	330-596-6100
PLAIN TWP	330-492-2411	AFFINITY (AKA MASS COMMUNITY)	330-837-6868
ROBERTSVILLE	330-862-2131	AFFINITY (AKA MASS COMMUNITY)	330-837-6868
SANDY TWP	330-866-2228	AFFINITY (AKA MASS COMMUNITY)	330-837-6868
UNIONTOWN	330-699-2424	AFFINITY (AKA MASS COMMUNITY)	330-837-6868
WASHINGTON TWP	330-821-5411	AFFINITY (AKA MASS COMMUNITY)	330-837-6868
WAYNESBURG	330-866-2228	AFFINITY (AKA MASS COMMUNITY)	330-837-6868
WILMOT	330-359-5111	ALLIANCE COMMUNITY	330-596-6100

Transport Group Supervisor

Form A -- Supervisor's Patient/Victim Record

INCIDENT: _____ **DATE:** _____/_____/_____

USE ONE LINE FOR EACH PATIENT/VICTIM PRINT YOUR INITIALS HERE_____

METTAG NUMBER	SQUAD NUMBER ID	TAG COLOR	INJURY TYPE	SENT TO:

HOSPITAL ABBREVIATIONS: **AFFINITY MEDICAL (AF) ALLIANCE COMMUNITY (AC) AKRON CHILDRENS (CHMCA) AKRON CITY (ACH), AKRON GENERAL (AGMC) AULTMAN (AH) BARBERTON CITIZENS (BC) CUYAHOGA FALLS GENERAL (CFGH), DOCTORS (DH) MERCY MEDICAL CENTER (MMC) ST. THOMAS (STH)**

Coordinating Hospital

Form B - Patient/Victim Record

INCIDENT: _____ **DATE:** _____/_____/_____

USE ONE LINE FOR EACH PATIENT/VICTIM PRINT YOUR INITIALS HERE_____

METTAG NUMBER	SQUAD NAME & ID	TAG COLOR	INJURY TYPE	NAME O RECEIVIN HOSPITA

HOSPITAL ABBREVIATIONS: **AFFINITY MEDICAL (Aka Mass Community) (AF) ALLIANCE COMMUNITY (AC) AKRON CHILDRENS (CHMCA) AKRON CITY (ACH), AKRON GENERAL (AGMC) AULTMAN (AH) BARBERTON CITIZENS (BC) CUYAHOGA FALLS GENERAL (CFGH), DOCTORS (DH) MERCY MEDICAL CENTER (MMC) ST. THOMAS (STH)**

Receiving Hospital

Form C - Patient/Victim Record

INCIDENT: _____ **DATE:** _____/_____/_____

USE ONE LINE FOR EACH PATIENT/VICTIM PRINT YOUR INITIALS HERE_____

METTAG NUMBER	SQUAD NAME & ID	TAG COLOR	INJURY TYPE

HOSPITAL ABBREVIATIONS: **AFFINITY MEDICAL (Aka Mass Community) (AF) ALLIANCE COMMUNITY (AC) AKRON CHILDRENS (CHMCA) AKRON CITY (ACH), AKRON GENERAL (AGMC) AULTMAN (AH) BARBERTON CITIZENS (BC) CUYAHOGA FALLS GENERAL (CFGH), DOCTORS (DH) MERCY MEDICAL CENTER (MMC) ST. THOMAS (STH)**

Simple Triage And Rapid Treatment (START)

The first step is to identify the ambulatory victims. Victims who are able to walk will rarely have life-threatening injuries. Certainly, they do not need care as urgently as those who are unable to walk. The first step, then, is to ask all who can walk to move to a designated area. A simple instruction such as "If you can walk, go stand by the large tree," is adequate. If possible, use an external broadcasting system to give this command before exiting the unit. Also, unless there is no other alternative, do not instruct victims to "walk to the ambulance." A group of distraught victims surrounding your unit will interfere with your ability to rapidly address the remaining, non-ambulatory victims. All victims who follow this command have essentially designated themselves as "walking wounded" or minimal status. This designation will eventually place them in either the non-hospital or the delayed category. Spend no further time with this group. Move immediately to the victims who are unable to walk.

You are now ready to apply the three assessments and two treatments of START triage.

The assessments are:

1. Is ventilation adequate?
2. Is perfusion adequate?
3. Is the brain injured?

The treatments are:

1. Rapid Treatment
2. Airway maintenance
3. Hemorrhage control

START WHERE YOU STAND and proceed by an orderly, systematic route through the victims. Assessment and tagging of each victim should take no more than sixty (60) seconds. Do not allow your systematic approach to be disrupted or take too long with one victim. In this way, the greatest number of victims can be screened for urgent, life threatening conditions. Simultaneously, those in most need of care are identified for the second wave of rescuers.

Begin with the first START assessment . . . . . Is ventilation adequate?

CHECK FOR RESPIRATIONS.

If the victim *is not breathing, attempt* to reposition or clear the airway.

If breathing does not spontaneously begin, tag the victim "**dead/non-salvageable"** (black) and MOVE ON TO THE NEXT VICTIM. Spend no further time with this victim.

If the victim is not breathing, but begins to breath upon airway intervention, or clearing, tag the victim **immediate (RED).**

Airway interventions are the most time critical intervention. If the rescuer can clear obstructed airways, additional victims may be salvaged. However, the rescuer cannot become tied up in maintaining the airway. Several methods of airway maintenance may be attempted. Loosen dentures, tissue, or foreign bodies can be swept from the mouth. The victim's head may be repositioned with the cervical spine hyper extended. Perhaps

some debris can be used to maintain that position. Or, one of the "walking wounded" might be used to maintain the airway of an unconscious victim. Place an object under the shoulder blades to maintain a proper position. Not that the usual cervical spine precautions may have to be ignored. It is better to open the airway, prop the victim in a new position, and move on to other victims. The sheer number of victims and the urgency for rapid triage and treatment in a Mass Casualty incident preclude the use of the meticulous spinal stabilization that is used when there is just one, or a few victims. If neck extension is done despite the potential risk of worsening a spinal injury. All victims who require help in maintaining an open airway are classified and tagged immediate (RED).

If, when checked for respiration, the victim *is breathing*, quickly estimate the rate of respirations. Victims with respiration rates of greater than 30 respirations per minute are categorized and tagged "immediate" (RED). While victims with respiration rates of less than 30 respirations per minute are not categorized in this assessment.

Thirty respirations per minute is an arbitrary cut-off-point. Rescuers do not have time to count respirations, but are expected to estimate the rate. Prepare to estimate respirations by observing others simulate rapid respirations by breathing at a rate of 30 respirations per minute. After a little practice and observation, the difference between 15 respirations per minute and 30 respirations per minute becomes obvious at a glance. If the rescuer is in doubt, the victim should be assigned to the "immediate" (RED) category. Victims with slow respirations are at risk as well, but slow respiratory rates are almost always due to decreased levels of consciousness.

This first assessment, ventilation, places the victim in one of the three categories:

Immediate - RED
Delayed – YELLOW
Minimal - GREEN
Dead/Non-Salvageable - BLACK

No further attention is given to the victims in the "Dead/Non-Salvageable - BLACK" category, or those already tagged "Immediate - RED". Victims with adequate respirations, close to normal range, then undergo the second START assessment . . .

IS PERFUSION ADEQUATE?

The most sensitive, rapid field method for assessing the adequacy of perfusion is the capillary refill test. Pressure is applied to the lip or nail bed and then released. The skin should return to normal color within two seconds if skin profusion is adequate. (The rescuer counts, "One thousand-one, one thousand -two," beginning at the time the pressure is released.) If the skin does not return to normal color within two seconds, the victim has signs of inadequate perfusion and should be tagged with and "immediate (RED) tag.

The radical pulse can also be a test for adequate perfusion. This is especially useful in condition of reduced lighting. In most persons, the radial pulse will not be palpable when the systolic blood pressure falls below 80. Therefore, a victim without a palpable radial pulse can be assumed to have inadequate perfusion and should be tagged with and "immediate (RED) tag.

Two stabilization maneuvers can be attempted for victims triaged into the immediate group on the basis of inadequate perfusion. First, the victims legs should be elevated to maximize perfusion of the heart, lungs and

head. This can be done by a walking wounded. If a patient has obvious external bleeding, hemorrhage control measures should be undertaken. Direct pressure.

If, as a result of the capillary refill-test or the check of the radial pulse, the victim is determined to have adequate perfusion, the rescuer begins the third, and final START assessment . . . . .

IS THE BRAIN INJURED?

Possible injury to the brain is indicated by altered mental status. The ability to follow simple directions is used. The victim is asked to open or close his eyes or to squeeze the rescuer's hand. If this simple command cannot be followed, the victim is triaged into the immediate (RED) category.

If the victim can respond to simple commands, the central nervous system is assumed to be intact enough to assign this victim to the "delay" (YELLOW) category.

It should be noted that it is usually possible to skip this assessment because during the earlier assessments and interventions, the rescuer has already had a chance to observe whether the victim can follow simple commands. However, this test can be used if doubt remains.

Thus, the START plan examines only three body systems. It determines the adequacy of respiration or ventilation, perfusion and mental functioning. This can be done in 30 seconds.

Pediatric trauma victims present some special considerations for triage, but the START system adequately addresses these concerns.

A brief look at normal pediatric respirations rates indicates that using the START decision point of 30 respirations per minute with pediatric patients would result in "over triaging" these victims. This is true, but appropriate. Pediatric trauma victims tend to compensate for their injuries and maintain "normal" vitals for longer than older patients. On the other hand, once the ability to compensate is gone, these patients deteriorate rapidly and often, permanently.

NORMAL PEDIATRIC VITAL SIGNS

AGE	HEART RATE	BLOOD PRESSURE	RESPIRATIONS
Newborn	100-160	50-70	30-60
1-6 Weeks	100-160	70-95	30-60
6 Months	90-120	80-100	25-40
1 Year	90-120	80-100	20-30
3 Years	80-120	80-110	20-30
6 Years	70-120	80-110	18-25
10 Years	60-90	90-120	15-20

A word of caution is in order concerning the application of the third START assessment, "Is the Brain Injured?" Younger pediatric victims do not yet have the language skills to respond to simple commands, so impaired mental status must be determined from other clues. An infant that fails to make eye contact with mother may have impaired mental status. An older child who appears too calm for the circumstances

(inappropriate response) may also have impaired mental status. If a rescuer suspects impaired mental status in a pediatric victim, that victim should be placed in the "immediate" (RED) category.

Geriatric trauma victims also merit special consideration during field triage. A number of normal aging processes place the elderly at increased risk from trauma. Primary among these risk factors is a diminished ability to compensate for injuries. In many circumstances then, the elderly may deteriorate more rapidly than their younger counterparts.

AT the same time, geriatric trauma victims may be difficult to evaluate. Because many elderly experience decreased pain perception, a geriatric victim may not perceive his or her injuries as severe. Additionally, the presence of chronic disease may make it difficult for the rescuer to distinguish between chronic and acute findings.

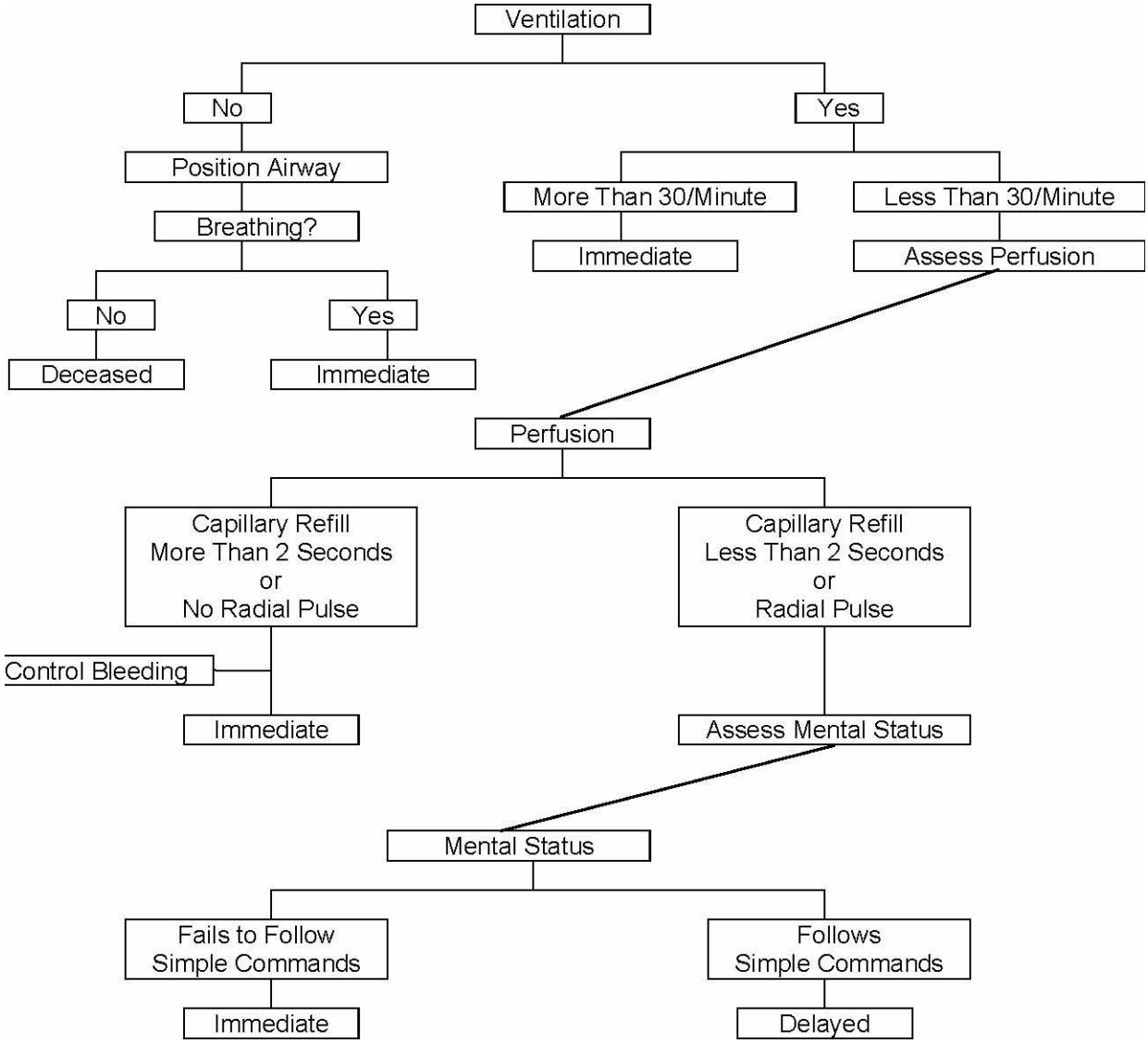
START triage addresses these considerations. Orderly progression through non-ambulatory victims ensures that no one is ignored, while the clear-cut assessment process compensates for any difficulty in distinguishing between chronic and symptomology.

With START, the steps are always the same, no matter what type of victim the rescuer is assessing. On this basis, a rescuer can quickly and efficiently triage large numbers of disaster victims. Triage assessments are clearly identified to subsequent rescue personnel. As these additional rescuers arrive, they can quickly begin a more comprehensive triage, treatment and re-evaluation, beginning with victims tagged "immediate" (RED).

Victims may need to be moved to central treatment areas either for safety or for ease of treatment. More extensive evaluation, stabilization, resuscitation, and transport efforts can gradually begin as the necessary personnel and equipment arrive on scene.

This simple triage and rapid treatment plan gives you a place to start in the medical management of a Mass Casualty Incident (MCI). The START plan is not intended to replace an established Incident Command System (ICS) but is flexible enough to be incorporated into any disaster plan.

Simple Triage and Rapid Treatment (START) System Flowchart



NOTE: Once a patient reaches a triage level indicator in the algorithm (i.e., IMMEDIATE TAG box), triage of this patient should stop and the patient should be tagged accordingly.

Acronyms

ADC - Aid To Dependent Children

AHJ – Authority Having Jurisdiction

ARC - American Red Cross

ARES - Amateur Radio Emergency Service

ASCS - Agricultural Stabilization and Conservation Service

CA - Capability Assessment

CAP - Civil Air Patrol

CBR - Chemical, Biological and Radiological

CB - Citizens Band Radio

CC - Command Center

CD - Civil Defense

CEO - Chief Executive Officer

CERCLA - Comprehensive Environmental Response Compensation and Liability Act

CFR - Code of Federal Regulations

CHEMTREC - Chemical Transportation Emergency Center

CHIP - Capability and Hazard Identification Program

CI - Curie

COEBS - Central Ohio Emergency Broadcast System

CONUS - Continental United States

CP - Command Post

CPG - Civil Preparedness Guide

CPR - Cardiopulmonary Resuscitation

CRP - Crisis Relocation Plan

CSP - Community Shelter Plan

DA - Damage Assessment

DAC - Disaster Assistance Center

DAP - Disaster Assistance Program

DAS - Disaster Analysis Section

D&C - Direction and Control

DCPA - Defense Civil Preparedness Agency

DFO - Disaster Field Office

DHEW - Departments of Health, Education, and Welfare

DOD - Department of Defense

DOE - Department of Energy

DOI - Department of the Interior

DOT - Department of Transportation

DPM - disintegrations per minute

DSA - Disaster Services Agency

EAS - Emergency Alert System (sometimes called EBS)

EBS - Emergency Broadcast System

ECC - Emergency Communications Center

EMA - Emergency Management Agency or
Emergency Management Assistance

EMC - Emergency Management Coordinator

EMI - Emergency Management Institute

EMP - Electromagnetic Pulse

EMS - Emergency Medical Services

EMT-A - Emergency Medical Technician-Ambulance

EOC - Emergency Operations Center

EOP - Emergency Operations Plan

EPA - Environmental Protection Agency

EPI - Emergency Public Information

FAA - Federal Aviation Administration

FCC - Federal Communications Commission

FDA - Food and Drug Administration

FEMA - Federal Emergency Management Agency

FIRM - Flood Insurance Rate Map

FM - Frequency Modulation

GSA - General Services Administration

GZ - Ground Zero

HA - Hazards Analysis

HAZMAT - Hazardous Material

IAO - Individual Assistance Officer

ICBM - Intercontinental Ballistic Missile

ICC - Interstate Commerce Commission

ICS- Incident Command System

IEMS - Integrated Emergency Management System

IFGP - Individual and Family Grant Program

IMA - Individual Mobilization Augmentee

JPIC - Joint Public Information Center

KT - Kiloton

LEADS - Law Enforcement Automated Data System

LEERN - Law Enforcement Emergency Radio Net

MIRV - Multiple Independent Re-entry Vehicle

MR/HR - Milliroentgen per Hour

MT - Megaton

MYDP - Multi-Year Development Program

NAWAS - National Warning System

NEMA - National Emergency Management Association

NFA - National Fire Academy

NFS - National Fallout Survey

NOAA - National Oceanic and Atmospheric Administration

NORAD - North American Air Defense Command

NRC - Nuclear Regulatory Commission

NSS - National Shelter Survey

NUDET - Nuclear Detonation

NWC - National Weather Center

NWS - National Weather Service

ODH - Ohio Department of Health

ODNR - Ohio Department of Natural Resources

OEMA - Ohio Emergency Management Agency

OHP - Ohio Highway Patrol

OIC - Officer in Charge

ORC - Ohio Revised Code

OSC - On Scene Coordinator

OSHA- Occupational Safety and Health Administration

OSP - Ohio State Patrol

PA - Public Address System

PAG - Protective Action Guide

PAO - Public Assistance Officer

PDA - Preliminary Damage Assessment

PF - Protection Factor

PIO - Public Information Officer

PL - Public Law

PPP - Population Protection Planning

PSI - Pounds per Square Inch

PUCO - Public Utilities Commission of Ohio

R - Roentgen

R/HR - Roentgens per Hour

RACES - Radio Amateur Civil Emergency Services

RCRA - Resource Conservation and Recovery Act (EPA 1976)

REACT - Radio Emergency Associated Communications Team

RM - Radiological Monitor

RO - Radiological Officer

RP - Radiological Protection

RPP - Radiological Protection Program

RRT - Radiological Response team

RX - Receive

SAC - Strategic Air Command

SAR - Search and Rescue

SARA - Superfund Amendments and Reauthorization Act Title III

SBA - Small Business Administration

SCBA - Self Contained Breathing Apparatus

SOP - Standard Operating Procedure

T & I - Trade and Industrial (Education Program)

TLD - Thermoluminescent Dosimeter

TX - Transmit

USAR - Urban Search & Rescue

USDA - United States Department of Agriculture

UHF - Ultra-High Frequency

USGS - United States Geological Survey

UTM - Universal Transverse Mercator

VHF - Very High Frequency

VLF - Very Low Frequency

ZULU - Time - mean solar time at zero meridian in Greenwich, England

Terms

Agency Representative: The individual assigned to an incident from an assisting or cooperating agency that has been delegated full authority to make decisions on all matters effecting that agency's participation at the incident. Agency representatives report to the Incident Liaison Officer.

Air Burst: The explosion of a nuclear weapon at such a height that the expanding fireball does not touch the earth's surface resulting in little or no fall out.

Allocation (General): (Community Shelter Planning) The process of allocating areas of population to areas of shelter concentration.

Allocation (Specific): (Community Shelter Planning) The process of allocating geographically defined areas of population to a specific shelter facility or group of shelter facilities.

American Red Cross (ARC): A quasi-governmental agency largely for relief of suffering and welfare activities during war and disasters. The ARC operates under a Congressional charter and is supported by the people. Internationally, it operates in accordance with the Treaty of Geneva.

Annex - A portion of the Emergency Operations Plan that deals with one specific department or function, e.g. communications, law enforcement, etc.

Apparatus Placement: The location and utilization of fire/EMS based on the categories of responding, staged, operating, parking, and returning to quarters.

Appendix - Hazard specific appendage to a functional annex

Area Arrangement: The streets, buildings, potential exposures, and access obstacles.

Assigned Resources: Resources checked in and assigned to work tasks on an incident.

Assisting Agency: An agency directly contributing suppression, rescue, support, or service resources to another agency, also known as Mutual Aid.

Attachment - Appendage to a functional annex providing charts, maps, call lists, etc.

Attack Plan: A systematic plan developed by evaluating conditions, developing tactical approaches, identifying tactical needs, identifying available resources, and making assignments. (See also, Incident Action Plan).

Available Resources: Resources assigned to an incident available for an assignment.

Attack Warning: A civil defense warning that an actual attack against the United States has been detected.

Blast Wave: A sharply defined wave of increased pressure rapidly propagated through a surrounding medium from a center of detonation or similar disturbance.

Census Tract: A non-political, geographical subdivision of no standard size, but within a city, town, county or other political jurisdiction; it is used by the US Bureau of Census as a convenient and flexible unit for

surveying and aggregating population, housing and other statistics. In most instances, a tract corresponds to Standard Location Area.

Check-in: Locations where assigned resources check in at an incident. The locations are;
Incident Command Post (resources unit), Staging Areas, Division Supervisors, or Sector (for district line assignments). Check in at one location only and complete the check-in form.

Clear Text: The use of plain English in radio communications. No ten codes or agency specific codes are used.

Code of Federal Regulations: Title 44 refers to Emergency Management Assistance Civil Defense.

Command: The fire ground or scene radio designation for the Incident Commander (IC).
Refers to the person, the functions and the location of command. Also, The act of directing, ordering and/or controlling resources by virtue of explicit legal, agency or delegated authority.

Command Center (CC) - A place for local officials to meet and coordinate emergency responses.

Command Mode: One of the three commitments to be made by the first arriving Company Officer. Strong direct command is required from the outset.

Command Modes: The three possible commitments to be made by the first Company Officer on scene. These include the "nothing showing", "fast attack", and "command" modes.

Command Post: The standard location for the Incident Commander (IC). It is usually stationary, inside the command vehicle or fire apparatus. A flashing green light should be used to designate the Command Post. (See also, Incident Command Post).

Command Staff: The command staff consists of the Information Officer, Safety Officer, and Liaison Officer who report to the Incident Commander (IC).

Company: The full complement of a unit (apparatus) and crew (personnel) prefixed by the Department, type and number designation of the unit. EXAMPLE: *Jackson Engine 11. Perry ladder 17, Plain Squad 125 etc.*

Comprehensive Emergency Management (CEM): An all inclusive approach in combining the four phases of emergency management which are (1) Mitigation: those activities which eliminate or reduce the probability of disaster; (2) Preparedness: those activities which governments, organizations, and individual develop to save lives and minimize damage; (3) Response: To prevent loss of lives and property and provide emergency assistance; and (4) Recovery: Short and long-term activities which return all systems to pre emergency/disaster or improved standards.

Congregate Care Facilities: Public and/or private buildings in the host areas that may be used to lodge and care for evacuees. Generally assigned space is approximately 40 square feet per person. The facility may or may not meet criteria for designation as a "fallout shelter".

Cooperating Agency: An agency supplying assistance other than direct suppression, rescue, support or service functions to the incident control effort (e.g. American Red Cross (ARC), Emergency Management Agency (EMA), Law Enforcement, telephone company, etc.).

Crew: The complement of personnel with a supervisor organized to perform a task not to exceed seven (7) persons including the supervisor.

Damage Assessment: The appraisal or determination of the actual effects resulting from conventional or nuclear bombs and missiles.

Defensive Strategy: An exterior attack, with related support, designed to stop the forward progress of the fire and then provide fire control.

Disaster Assistance Center: A local center established following a major disaster, staffed by various state and federal agencies to provide assistance to individual.

Disaster Early Warning Line (DEW Line): A network of radar stations near the Arctic Circle

Disaster/Emergency - An event that causes or threatens to cause loss of life, human suffering, property damage, economic and/or social disruption.

Division: That organizational level having functional/geographic responsibility for major segments of incident operations. The Division level is organizationally between General Command Staff and Sector.

Dose: a quantity (total or accumulated) of ionizing (or nuclear) radiation, experienced by a person or animal.

Dose Rate: As a general rule, the amount of ionizing (or nuclear) radiation to which an individual would be exposed, or which he/she would receive per unit of time.

Dosimeter: An instrument for measuring and registering total accumulated exposure to ionizing radiations.

Dosimeter Charger: An instrument used to reset a dosimeter to a beginning or zero reading.

Electromagnetic Pulse (EMP): Energy radiated by nuclear detonation which may affect or damage electronic components and equipment.

Emergency Alert System (EAS): A voluntary program consisting of broadcast stations and interconnecting facilities which have been authorized by the Federal Communications Commission (FCC) to operate in a controlled manner during a war, state of public peril or disaster, or other national or local emergency as provided by the Emergency Broadcast System Plan.

Emergency Broadcast System (EBS): Former name of Emergency Alert System.

Emergency Management Assistance: Formerly P&A. Federal matching funds to state and local agencies for personnel and administrative expenses.

Emergency Management Coordinator/Director: The individual who is directly responsible on a day-to-day basis for the jurisdiction's effort to develop a capability for coordinated response to and recovery from the effects of attack-related or other large- scale disasters.

Emergency Medical Services (EMS): A service which responds to the site of illness/injury; stabilizes medical condition consistent with training abilities, and transports victims to qualified medical facilities.

Emergency Operations Center (EOC) - The site from which government officials exercise direction and control during emergencies.

Emergency Operations Plan (EOP) - A description of actions to be taken in facing a disaster situation, and the methods of coordinating to meet the requirements of that situation.

Evacuee: An individual who is moved to a less hazardous area. Also may be referred to as a relocatee.

Evacuation - Temporary movement of people from a hazard area to an area of safety.

Executive Order (EO): A rule or order having the force of law, issued by an executive authority of government.

Fallout: Particles of radioactive dust that descend to earth following ground-level detonation of a nuclear warhead.

Functional Area Annex Coordinator - Person with overall responsibility for coordinating actions within a particular area, i.e., The County Sheriff is the Law Enforcement Annex Coordinator.

Functional Sectors: Assigned to perform specialized tasks or activities such as; Salvage, Ventilation, Water Supply, etc.

Functions of Emergency Management: (RE: FEMA CPG 1-8) Direction and Control, Communications, Warning, Emergency Public Information (EPI) Evacuation, Reception and Care, Shelter, Health and Medical, Law Enforcement, Public Works, Fire and Rescue, Radiological Protection, Human Services, Resource Management and Damage Assessment.

General Staff: The group of incident management personnel comprised of the Incident Commander, Operations Chief, Planning Chief, Logistics Chief, and Finance Chief

Geographic Sectors: Responsible for all general firefighting activities in an assigned area. EXAMPLES: (Basement, Roof, Rear, etc.)

Greenwich Mean Time (GMT) or (Z): The standard reference time used throughout the world based on the time at the Royal Observatory in Greenwich, England. Using the 24 hour system to convert to Greenwich Time:

Add 5 hours to Eastern Standard Time (EST)
Add 6 hours to Central Standard Time (CST)
Add 7 hours to Mountain Standard Time (MST)
Add 8 hours to Pacific Standard Time (PST)
Also called "ZULU" Time for zero Meridian

Ground Zero: The point on the surface of land or water vertically below or above the center of a burst of a nuclear weapon.

Hazardous Material: Any substance or material in a quantity or form which may be harmful or injurious to humans, domestic animals, wildlife, economic crops or property when released into the environment. Hazardous materials are classified in this plan as chemical, biological, radiological or explosive.

Chemical - Toxic, corrosive or injurious substance because of inherent chemical properties and includes but is not limited to such items as petroleum products, paints, plastics, acids, caustics, industrial chemicals, poisons, drugs, mineral fibers (asbestos).

Biological - Microorganisms or associated products which may cause disease in humans, animals or economic crops and includes pathogenic wastes from medical sources, slaughterhouses, poultry processing plants and the like.

Radiological - Any radioactive substance emitting ionizing radiation at a level to produce a health hazard. Explosive - Material capable of releasing energy with a blast effect in a split second upon activation; the release of energy usually damages or destroys objects in close proximity to the blast.

Hazard - A potential event or situation that presents a threat to life and property.

Hazard Specific Appendix: A document attached to an annex of an Emergency Operations Plan (EOP) or appearing at the end of an EOP that describes emergency activities that take place only for a specific hazard. The actions cannot be addressed generically.

High Altitude Burst: This is defined somewhat arbitrarily, as a detonation at an altitude over 100,000 feet. Above this level, the distribution of energy from the explosion between blast and thermal radiation changes appreciably with increasing altitude due to changes in the fireball phenomena.

Host Area: A specified area relatively unlikely to experience direct weapons effects (blast of 2psi or more, heat and initial nuclear radiation) from a nuclear attack and designated for reception and care of risk area evacuees.

Incident - A natural or man made event or occurrence which poses a potential threat to the health and safety of individuals in the vicinity; may also result in physical damage to properties and facilities.

Incident Action Plan: The plan prepared at the first meeting which contains general control objectives, reflection of the overall incident strategy, and specific action plans or the next operational period. When complete, the incident action plans will have a number of attachments. (See also, "Attack Plan").

Incident Commander (IC): The person responsible for the management of all incident operations.

Incident Command Post: The location at which the primary command functions are executed. (See also, Command Post).

Initial Report: A short radio transmission providing a description of conditions and the confirmation and designation of command.

Incident Command System (ICS): The combination of facilities, equipment, personnel, procedures, and communications, operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish stated objectives pertaining to an incident.

Incident Attack: Resources initially committed to an incident.

Ion: An atom which bears an electrical charge, either positive or negative.

Ionization: The process by which ions are produced.

Isotope: Atoms which have the same atomic number of protons, but different atomic mass or mass number. Isotopes of a particular element have almost identical properties.

Jurisdictional Agency: The agency having jurisdiction and responsibility for a specific geographical area.

Local Warning Point: A facility in a city, town, or community which receives warnings and activates the public warning system in its area of responsibility.

Major Disaster: Public Law 93-288, as amended provides that any flood, drought, fire, hurricane, earthquake, storm or other catastrophe in any part of the United States which, in the determination of the President, is or threatens to be of sufficient severity and magnitude to warrant disaster assistance by the Federal Government to supplement the efforts and available resources of State and local governments in alleviating the damage, hardship, or suffering caused thereby.

Megaton Energy (MT): The energy of a nuclear (or atomic) explosion which is equivalent to 1,000,000 tons (or 1,000 kilotons) of TNT.

Mitigation - Activities that eliminate or reduce the probability of a disaster occurrence, or lessen undesirable effects of unavoidable disasters.

Monitoring - The process of locating and/or measuring radioactive or hazardous chemical by-products and contaminants by means of survey instruments and technically proficient personnel.

Multi-Agency Coordination System (MACS): The combination of facilities, equipment, personnel, procedures and communications integrated into a common system with responsibility for coordination of assisting agency resources and support to agency emergency operations.

Mutual Aid Agreements - Written or unwritten understandings among jurisdictions that cover methods and types of assistance available during emergency operations.

National Shelter Survey (NSS): The analysis of existing large buildings and sub-surface enclosures by architects and engineers qualified in fallout-shelter analysis to identify protected space suitable for use as public fallout shelters.

National Plan: Short title for the National Plan for Emergency Preparedness which sets forth the basic principles, policies, responsibilities, preparations and response of civil government to meet any kind of national defense emergency.

National Warning Center: The facility staffed by Attack Warning Officers situated within the combat operations center at NORAD Headquarters. Controls NAWAS when the Regional Warning Circuits are tied together.

National Warning System (NAWAS): The Federal portion of the Civil Defense Warning System, used for the dissemination of warning and other emergency information from the Warning Centers or Regions to Warning Points in each State.

Nuclear Radiation: Particulate and electromagnetic radiation emitted from atomic nuclei in various nuclear processes. The important nuclear radiations, from the weapons standpoint, are alpha and beta particles, gamma rays and neutrons.

Nuclear Weapon (or Bomb): A general name given to any weapon in which the explosion results from the energy released by reactions involving atomic nuclei, either fission, or fusion, or both. Thus, the A-(or atomic) bomb and the H-(or hydrogen) bomb are both nuclear weapons.

Offensive Strategy: An interior attack, with related support, designed to quickly bring a fire under control.

Operations Planning: The process of determining the need for application of resources and determining the methods of obtaining and committing those resources to the operations plan.

Peak Population: As used in the National Fallout Shelter Survey, the maximum population occupies a Standard Location area at any given time on a normal weekday. The peak population of a city or other area that includes more than one Standard Location area is a summation of the peak populations for each of the Standard Location areas.

Daytime Peak: The maximum population occurring during the day-light hours (8 a.m. to 6 p.m.)

Nighttime Peak: The maximum population occurring during the nighttime hours (6 p.m. to 8 a.m.)

Personnel Accountability: The process or system a department uses to ensure that Fire Ground Commanders know the location of each team and team leaders, or supervisors know the location of each team member within their manageable span of control.

Personnel Accountability Tag (PAT): A badge made of flexible material with a firefighter's name, department name and preferably the firefighter's picture on it. Used to account for that person's activity and location on an incident.

Accountability Officers may use a grease pencil and blank PAT's to customize a PAT for the creation of a new company or crew or to replace a pre-printed PAT that has been lost, damaged or is not available at the time.

PL 81-920: The Federal Civil Defense Act of 1950 which provides a system of civil defense for the protection of life and property in the United States from attack. The same act also established a Federal Agency to be responsible for a National Civil Defense Program.

Political Subdivision - Includes Counties, Cities, Villages, Townships and other corporations and entities whether organized and existing under charter or general law.

Population Protection Planning (PPP): A program that provides for the development, exercising, and maintenance of a single generic plan that contains annexes which assign tasks and detail procedures for coping with the effects of natural disasters, technological hazards and nuclear attack.

Primary Search: A rapid search of all involved and exposed areas affected by the fire that can be safely entered. The purpose is to verify the removal and/or safety of all occupants. Occupant status can't be verified on every offensive operation, whether or not actual fire is involved.

Protection Factor (PF): A number used to express the relation between the amount of fallout gamma radiation that would be received by a person in a completely unprotected location and the amount that would be received by a person in a protected location.

Preparedness - Activities which serve to develop the response capabilities needed in the event an emergency should arise.

Radiation: The emission and propagation of energy through space or through a material medium in the form of waves; as electromagnetic and sound or elastic waves and corpuscular emissions.

Radiation Exposure Record: The card issued to individuals for recording their personal radiation exposure dose.

Radioactivity: The liberation of energy by spontaneous disintegration of nuclei.

Radio Amateur Civil Emergency Services (RACES): An emergency service designated to make efficient use of the vast reservoir of skilled radio amateurs throughout the nation in accordance with approved civil defense communications plans. Many of the states and local governments have federally approved RACES communications plans whereby radio amateurs participating in these plans are permitted to operate during an emergency or under emergency conditions.

Radiological Monitor (RM): An individual trained to measure, record and report radiation dose and dose rates; provide limited field guidance on radiation hazards associated with operations to which he is assigned; and perform operator's maintenance on radiological instruments.

Radiological Monitoring: The procedure or operation of locating and measuring radioactive contamination by means of survey instruments which can detect and measure (as dose rates) ionizing radiations. The individual performing the operation is called a "monitor".

Recovery - Activities which seek to restore the community to pre-disaster or improved conditions.

Resources: All personnel and major items of equipment available or potentially available for assignment to incident tasks on which status is maintained.

Response Objective: Those tasks which need to be done from the beginning of an incident to the end and the method in which these tasks are performed.

Rescue - The process of removing victims to the perimeter of the disaster scene, out of danger. The victims are provided life saving assessment, control of major hemorrhage, and safe removal with the use of back boards, cravats, blanket rolls, etc.

Response - The provision of emergency services which help reduce casualties and damage and speed recovery.

Safety Officer: A specialist who provides expertise and individual attention to supplement the role and responsibility of the Incident Commander (IC) for fireground and/or scene safety. This person should work as a sector within the fireground organization.

Secondary Search: A complete, thorough search of the interior fire area after completing fire control, ventilation and other required support activities.

Sector: The organizational level having responsibility for operations within a defined geographic area or within functional responsibility. The Sector level is organizationally between the Company and the Division.

Shelter - A facility offering immediate, temporary protection from the effects of nuclear radiation, hazardous materials or natural disasters.

Shelter Expedient: A group fallout shelter constructed on a crash basis in a period of crisis.

Shelter Fallout: A habitable structure of space used to protects its occupants from fallout radiation.

Shelter Improvised: Any shelter constructed in an emergency or crisis period by individual or single families, usually in or near their homes.

Size-up: The initial phase of the situation evaluation.

Span of Control: The supervisory ratio of from three (3) to seven (7) persons with five being established as a general rule of thumb.

Staging: The management of committed and uncommitted apparatus and other resources to provide orderly deployment.

Staging Area (SA): A location where equipment, materials, supplies and personnel are maintained on a temporary basis for assignment in the emergency response. When called for, these resources should be where they are needed within three (3) minutes.

Standard Operating Procedures (SOPs): Checklists or guidance developed by each specific responding organization that details responsible individuals by name, phone number and delineates in detail specific organizational activities related to the emergency response.

Strategy: The management of the offensive and/or defensive decision by the Incident Commander (IC). This critical decision regulates the operational control, establishes objectives, set priorities and allocates resources.

Surface Burst: The explosion of a nuclear weapon at the surface of the land or water or at a height above the surface less than the radius of the fireball at maximum luminosity (in the second thermal pulse). An explosion in which the weapon is detonated actually on the surface is called a contact surface burst, or true surface burst resulting in fallout.

Supervisor: The Leader or Officer of a specific span of control.

Support Activities: The quick development of resources needed to support the attack, (e.g. ventilation, forcible entry, and provision of access).

Tabs: Maps, charts, checklists, resources, inventories, sample forms, diagrams, all used to support the basic plan, annexes and appendices.

Traffic Control Points (TCPs): Places along evacuation routes that are manned by law enforcement personnel or others to direct and control movement to and from an area being evacuated.

Triage Area - This may be at the immediate scene of the disaster but, in the case of a disaster involving a large area, may be a designated area where the victims will be brought after rescue by rescue personnel for the purpose of providing definitive treatment as necessary. The purpose of the Triage Area is the sorting, treating, and transporting of victims according to the severity of their injuries.

Unit: The apparatus designation without the personnel.

Upgrading: Any action that results in physical improvement of existing shelter spaces.

Warning Point: A facility that receives warning and other emergency information over NAWAS and relays this information in accordance with state and local civil defense plans.

Worker-Critical: An individual whose skills or services are required to continue operations of vital facilities and activities that will provide goods and services to the relocated population and host county residents, or insure continuance of the nation's production capabilities and preservation of the economic system.

Maps and Directions